

STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et.seg.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission

Officeholders may complete items 1-4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

1. DATE OF DISCLOSURE	2. NAME OF OFFICIAL OR CANDIDATE .
JAN 14, 2005	DAVID R. EPPERSON
3. ADDRESS AND PHONE	Street or Rural Poute City State Zip code Phone
	W RD. SIGNAL MT. TN 3737 432517875
	SOUGHT (Include district number , if applicable)
ALDERMA	IN TOWN OF WALDEN
5. SOURCES OF INCOME: Lis	t major sources of your private income of more than \$1,000 and that of your spouse or "Major sources of private income" includes, but is not limited to, offices, directorships and
and sub-out-u or traited	
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business organization in excess of	stment by you, your spouse or minor children residing with you in any corporation or other of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the be listed but no dollar amounts or percentages of the investment need to be stated
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	AND A STATE OF THE PROPERTY OF
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spouse or minor children residing	, firm or organization for whom compensated lobbying is done by any associate, your with you. Also, list any firm in which you, your spouse or minor children residing with you ensated lobbying is done. Explain the terms of any such employment and the measures
Thirties !	
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	List in general terms (by areas of the client's interests) the entities to which professional erney, accountant or architect, are furnished by you or your spouse.
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prom	RETAINER FEES: List any retainer fee you receive from any person, firm or organization who is in the practic oling or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any leg refore the Tennessee General Assembly, the legislative committees or the members thereof.
PH	The CITY of the CI
-	the state of the s
子屋の	ANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district court was 5) years of the date of this report.
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made	OANS: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same social the previous calendar year to you, your spouse or minor children residing with you. Loans need not be dis
(1)	d on this report if they are: From your immediate family (spouse, parent, sibling, or child); From a federally insured financial institution or made in accordance with existing law in the ordinary course of business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule. Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lend made on a basis which assures repayment, evidenced by a written instrument and subject to a due dat amortization schedule.
	From a partnership in which you have at least ten percent (10%) partnership interest. From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you your immediate family (spouse, parent, sibling, or child).
13. A	DDITIONAL INFORMATION: List any additional information you wish to disclose.
14. C	PTION AVAILABLE TO OFFICEHOLDERS ONLY (Check if applicable): There has been no change in conditions since my previous report.
15. T	O BE SIGNED BY REPORTING OFFICIAL OR CANDIDATE (must be attested to by witness)
	I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act. Signature of Official or Candid: te Date
	Signature of Official or Cardidate / Date /